



CITY OF READING
DEPARTMENT OF PUBLIC WORKS
OFFICE OF SOLID WASTE
815 WASHINGTON STREET
READING, PA 19601
PHONE: (610) 655-6220 FAX: (610) 655-6019

COMMERCIAL BUSINESS MUNICIPAL WASTE COLLECTION VERIFICATION FORM

(More than 4 residential units or commercial/institution property)

DATE: _____

BUSINESS INFORMATION:

Name of Business: _____ PHONE : () _____

Address of Business: _____

of units: _____

OWNER'S INFORMATION:

Owner's Name: _____ PHONE : () _____

Mailing Address: _____

Trash Hauler: _____

Recycling Hauler: _____

I realize that it is my sole responsibility to contract with a licensed hauler at my own expense, for storage, collection and disposal of all municipal waste and recycling that shall be carried out in such a manner as to avoid the creation of public nuisance. I also acknowledge receiving a copy of ordinance and brochure.

FOR OFFICE USE ONLY

Hauler verified:

Clerk

Trash hauler contact

Recycling hauler contact

of units verified:

Clerk

Zoning contact

cc: copy of commercial/recycling ordinance
Brochure